

2013-2015 Business Plan

AGING AND DISABILITY SERVICES ADMINISTRATIONS

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Vision

Safe, healthy individuals, families, and communities

Mission

The Department of Social & Health Services will improve the safety and health of individuals, families, and communities by providing leadership and establishing and participating in partnerships.

Values

Excellence in Service
Respect
Collaboration and Partnership
Diversity
Accountability

INTRODUCTION

Aging and Disability Services (ADS) comprises three Administrations:

Behavioral Health and Service Integration (BHSIA)—provides support to people who face challenges related to addictions or mental illness. Leads ADS efforts to design and implement integrated systems across multiple service domains in conjunction with the other ADS administrations and the Health Care Authority (HCA) to improve outcomes and contain health care costs, and provides management infrastructure to support ADS administrative functions such as accounting, fiscal and forecasting, contracting, and Information Technology.

Aging & Long-Term Supports (AL TSA)—provides supports to people with functional impairments due to age, physical or cognitive limitations and their families to obtain quality services and maximize independence, choice and quality of life. AL TSA is responsible for protecting the rights, security and well-being of individuals living in licensed or certified care settings and the protection of vulnerable adults from abuse, neglect abandonment and exploitation.

Developmental Disabilities (DDA)—provides support to people with physical, cognitive or developmental disabilities and their families to obtain quality services and maximize independence, choice and quality of life.

General Highlights

Goal 1: Improve the Health Status of Vulnerable Populations: - Outlines ADS strategies to; improve community-based options, implement health homes for people with chronic conditions, improve both the Adult and Children's mental health delivery system, and capitalize on opportunities presented by the Federal Affordable Care Act.

Goal 2: Improve Economic stability, employment and self-sufficiency:- Outlines key strategies towards decreasing barriers to employment for individuals served by ADS for whom employment is a goal.

Goal 3: Improve Individual and public Safety: - Covers key actions related to ADS response to abuse, facility regulation, complaint investigation and legal actions that protect the public.

Goal 4: Improve Individuals' readiness and ability to succeed in school: - Outlines education strategies that result in improved school success for both children and adults served by ADS.

Goal 5: Increase public trust through strong management practices that ensure quality and leverage resources: - Identifies key Lean projects, other monitoring and oversight activities for program integrity, quality and efficiency as well as efforts for achieving clinical effectiveness through evidence based practices.

DSHS Goal 1

Improve the health status of vulnerable populations.

DSHS Goal 2

Improve economic stability, employment and self-sufficiency.

DSHS Goal 3

Improve individual and public safety.

DSHS Goal 4

Improve individuals' readiness and ability to succeed in school.

DSHS Goal 5

Increase public trust through strong management practices that ensure quality and leverage all resources.

ADS ADMINISTRATIONS' CORE PRINCIPLES

We believe **people** with needs related to long-term care, developmental disabilities, and/or behavioral health challenges, including youth and families of children with serious emotional disturbance:

- Have the central role in making decisions about their daily lives to manage their health, community and social supports.
- Choose supports that, respond to their preferences, and promote independence, community integration, and self-determination to the fullest extent possible.
- Can recover, achieve resilience, and improve skills and abilities regardless of their individual circumstance.
- Succeed best when support is person-centered recognizing that health, community integration, and social support outcomes are interrelated.

We believe **families and friends** of people with needs related to long-term care, developmental disabilities, and/or significant behavioral health challenges including youth and families of children with serious emotional disturbance:

- Are an essential reason many people can live successfully in their own homes and communities.
- Can realize a positive difference in their lives and the lives of their loved one with even a small investment of support.
- Act as advocates for quality support and services in the best interest of their family member or friend.

We believe the **system of supports** for people with needs related to long-term care, developmental disabilities, and/or significant behavioral health challenges including youth and families of children with serious emotional disturbance must:

- Be integrated with systems of supports that are accountable for shared goals and outcomes.
- Provide support that is informed by evidence of effectiveness responsive to changing needs.
- Leverage investment in community-based options that support people to live, work, and thrive in settings of their choice.
- Be organized as simply as possible, consistent with effective service delivery, and be sustainable over time within realistic resource estimates.
- Collaborate and listen to service recipients, families, communities, local service providers, partners, and other stakeholders in making decisions about services and supports.
- Should be free from abuse and neglect, and support shared responsibility with individuals, families, providers, advocates, schools and communities to prevent or respond to abuse and abusers.

GOALS, OBJECTIVES, STRATEGIES, PERFORMANCE MEASURES

DSHS Goal 1: Improve the health status of vulnerable populations.

DSHS Strategic Objectives 1.1

- ❖ Increase access to coordinated delivery of medical, behavioral health and long-term services and supports to improve the health status of DSHS clients.
- ❖ Increase the use and coordination of person-centered, chronic care management services to improve health outcomes for DSHS clients.

ADS Administrations Strategic Objective 1.1.1

- ❖ Increase access to integrated supports through the increased use and coordination of person-centered health home services to improve health outcomes and contain health care costs.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
Obtain a Medicaid State Plan Amendment to implement health homes services under section 2703 of the ACA.	<ul style="list-style-type: none"> ➤ Number and percentage of people with high medical cost or high medical risk receiving chronic care management services or health homes supports ➤ Percentage of all cause hospital readmissions within 30 days of discharge for participating health home clients. ➤ Percentage of Emergency Room visits for ambulatory care-sensitive conditions associated with health home participants 	BHSIA, ALTSA , DDA	HCA, Legislature, Tribes, CMS, Counties, Providers, Consumers, Health Plans
Partner with the Health Care Authority (HCA) to materialize the vision of integrated service purchasing as outlined in both the preliminary report and implementation plan required in HB1738.			
Evaluate the feasibility of establishing better integration of funding and delivery of home and community based services through Section 1915 (K); Community First Choice State Plan option and/or Section 1915 (i)—Medicaid Home and Community Based State Plan Amendment Option of the Social Security Act.			
Coordinate with the HCA to implement the HealthPath Washington plan to improve services for people dually eligible for Medicare and Medicaid.			
Implement steps necessary for the smooth Expansion of Medicaid coverage in 2014.			
Provide clinically and culturally competent integrated treatment and supports in a timely manner.			
Ensure that behavioral health benefits provided in the State are consistent with Parity requirements under federal law.			

DSHS Strategic Objective 1.2

- ❖ Increase the use of prevention services and self-directed activities to foster well-being among DSHS clients and employees.

ADS Administrations Strategic Objective 1.2.1

- ❖ Expand the focus on prevention and wellness for ADS Administrations clients through evidence-based, research-based or promising practices.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
Support Prevention Redesign Initiatives based on the evidence-based Strategic Prevention Framework model to reduce behavioral health problems.	<ul style="list-style-type: none">➤ Percentage of participants in BHSIA-funded recurring prevention programs that are evidence based.➤ Number of participants in Stanford University Chronic Disease Self-Management Education (CDSME) workshops in counties where these services are available.	BHSIA, ALTSA & DDA	HCA, Legislature, CMS Tribes, Counties, Provider, Washington State Institute of Public Policy (WSIPP), Consumers
Commit to the use of evidence-based, research-based, and promising practices for the treatment of behavioral health disorders in children and youth.			
Increase awareness of positive behavior supports in all ADS settings.			
Increase community awareness of evidence-based health promotion and prevention programs e.g. falls and medication management.			
Increase availability of established evidence-based prevention, wellness and disease management activities in all long-term care settings.			
Maintain current chronic disease self-management (CDSM) models for individuals to achieve their identified health goals.			

DSHS Strategic Objective 1.3

- ❖ Increase the availability of specialized services in community-based settings that address the increasingly complex needs of populations served.

ADS Administration Strategic Objective 1.3.1

- ❖ Make improvements to the current delivery system for behavioral health services for adults and older adults.

ADS Administrations Strategic Objective 1.3.1 (Cont'd)

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
Work with partners on all elements of the system redesign.	<ul style="list-style-type: none"> ➤ Percentage of mental health consumers receiving a service within 7 days after discharge from an inpatient setting ➤ Percentage of statewide adult outpatient chemical dependency treatment retention ➤ Percentage of behavioral health adult clients served in inpatient and outpatient chemical dependency treatment 	BHSIA, ALTSA, DDA	State agencies, Legislature, Tribes, Local Government, Providers, Consumers, WSIPP
Assess and identify areas for improvement or change, including the work already done by the Mental Health Transformation grant, the 2005 Legislative/Executive Mental Health Task Force and Chemical Dependency Treatment expansion.			
Continue to build on previous efforts to redesign tribal mental health services.			
Initiate the process of evidence-based practices (EBP) implementation for adults and older adults.			
Increase the supply of individually contracted behavioral health specialists and/or technicians.			
Review and assess system structures and finance mechanisms to identify the best ways to promote the system redesign.			
Establish performance and outcome measures, and develop a quality strategy to evaluate outcomes and inform decisions.			

BHSIA Strategic Objective 1.3.2

- ❖ Improve the mental health delivery system for children and youth as outlined in the Children's Mental Health Redesign Key Activities.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
Identify screening tools and protocols across child-serving systems for appropriate referrals of youth with intensive mental health needs.	<ul style="list-style-type: none"> ➤ Percentage of mental health consumers receiving a service within 7 days after discharge from an inpatient setting ➤ Percent of statewide youth chemical dependency outpatient treatment retention ➤ Percentage of behavioral health youth clients served in inpatient and outpatient settings chemical dependency treatment 	BHSIA, DDA	DDA, Legislature, Tribes, Local Government, Providers, Consumers, Families
Implement the Child Adolescent Needs and Strength (CANS) tool to identify the strengths and needs of a child and family and demonstrated outcomes of treatment over time at the individual, provider, and system levels.			
Develop a plan for expanded access to intensive community-based services for children and youth under age 21.			
Continue to develop youth and family partnerships at all levels.			
Develop children's measures of statewide performance for ongoing measurement and quality improvement strategies.			

DSHS Strategic Objectives 1.4

- ❖ Increase the quality and access to long-term care services to address the demographically-driven increase in the need of services.

ALTSA & DDA Strategic Objective 1.4.1

- ❖ Increase the quality and quantity of long-term services and supports for people with physical, cognitive or developmental disabilities to address the unprecedented demographically—driven increase in the level of need for services.

STRATEGY/ACTION	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
DDA-Specific Action	<ul style="list-style-type: none"> ➤ Percentage of clients with developmental disabilities served in home and community based settings ➤ Number of Individuals who voluntarily move from RHCs into the community using Roads to Community Living (RCL). 	DDA ALTSA	Consumers, Providers, Legislature Consumers, Providers, Legislature
Develop a strategy for continued investment in the Basic Plus Waiver to prevent crisis and increase community capacity to maintain people in their family homes whenever possible.			
Develop resources for increasing therapeutic options for residents of Residential Habilitation Centers.			
Continue to prioritize resources to support diversion from Residential Habilitation Centers (RHCs) back into the community.			
ALTSA-Specific Actions	<ul style="list-style-type: none"> ➤ Percentage of long-term care clients served in home and community-based settings ➤ Number of long-term care clients who are actively relocated from Nursing facilities state-wide by type of relocation funding. 		
Continue to prioritize resources to support institutional diversions and relocation efforts including development of new supports to meet the needs of individuals with complex care needs.			
Develop resources for individuals who solely need adaptive equipment.			
Improve capacity to support individuals with dementia in all community-based settings.			

ALTS & DDA Strategic Objective 1.4.2

- ❖ Increase the unpaid family caregiver base and support for relatives caring for loved ones with physical, cognitive or developmental disabilities.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
ALTS-Specific Actions	<ul style="list-style-type: none"> ➤ Number of caregivers receiving FCSP services ➤ Percentage of caregivers in the FCSP whose service recipient remains without paid Medicaid long-term care services ➤ Decrease in measures of stress and burden for unpaid caregivers in the FCSP ➤ Number of clients enrolled in the Developmental Disabilities Basic Plus waiver and the individual family support program ➤ Number of youth and families involved in the Child and Family Teams through the Children's Intensive In-home Behavioral Support Program 	ALTS DDA	ADRC, TBI Council, Legislature Consumers, Families, Providers, Schools, Other State Agencies,
Explore Medicaid funding to increase family caregiver support			
Explore use of caregiver assessment tools in home and community-based, and veteran's support services.			
Increase ability of Family Caregiver Support Program (FCSP) staff and providers to address complex caregiver needs, including those with Traumatic Brain Injury (TBI) and dementia.			
Increase use of evidence-based practices in FCSP.			
Increase lifespan respite information and options available to caregivers.			
Disseminate dementia specific information to caregivers of persons with Alzheimer's and related dementia.			
Expand and replicate public-private kinship care health related partnerships.			
Educate kinship caregivers about health promotion interventions based on Washington State Kinship health data			
Increase kinship caregiver's access to resources and services through; statewide coverage of Kinship Navigator Program, linkages to local Community Service Offices and Child and Family Service Offices, and DSHS Kinship website.			
DDA-Specific Actions			
Explore Medicaid funding to increase family caregiver support.			
Develop options for reliable growth in the Basic Plus Waiver and the Individual and Family Services Program.			
Develop rules to implement respite services in adult Supported Living facilities.			

DSHS Goal 2: Improve Economic Stability, Employment and Self-Sufficiency.

DSHS Strategic Objective 2.1

- ❖ Increase service coordination to improve success during life transitions.

ALTSA & DDA Strategic Objective 2.1.1

- ❖ Increase information flow and service coordination to connect people to person-centered strength-based services and benefits that reduce poverty, promote stability and build self-sufficiency.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
ALTSA-Specific Actions	➤ Number of affordable housing units and housing subsidies Roads to Community Living movers received when transitioned from institution to the community	ALTSA, DDA	BSHIA, Local government, Housing Authorities, CMS Private housing development investors ADRC
Modify the five year plan for sustainability of ADRCs and continue to expand the number of ADRCs in the state to reach statewide coverage goal for a diverse population.			
Continue to develop specialized information, supports and support groups for people with TBI.			
Disseminate information about memory loss and Alzheimer's disease, the importance of early diagnosis, dementia specialty organizations, increase awareness of dementia supports and service options.			
Enhance information provided to the public regarding legal and financial planning of long-term services and support needs.			
Increase public awareness and use of non-Medicaid supports for long-term services and support needs			
Secure funding for rental subsidies, landlord incentives, and ensure necessary services are in place to support development of permanent supportive housing units.			
DDA-Specific Actions			
Expand evidence –based programs for youth-in transition and other programs and services that support life-skills development and independence living.			

DSHS Strategic Objectives 2.2

- ❖ Increase access to job readiness, job search and employment programs.

ADS Administrations Strategic Objective 2.2.1

- ❖ Decrease barriers to employment opportunities for all ADS clients for whom employment is a goal.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
Increase the number of transition student with developmental disabilities leaving school with a job or job experience.	<ul style="list-style-type: none"> ➤ Percentage of working age adults with developmental disabilities receiving DDA employment services who are employed and earning a wage ➤ Percentage of individuals with developmental disabilities age 21 who are employed and earning a wage. ➤ Rate of employment and earnings for those receiving BHSI chemical dependency and/or mental health treatment. ➤ Completion of ALTSA work plan for employment supports for people with physical disabilities by September 2014 ➤ Status of major deliverables outlined in the ALTSA employment support work plan 	DDA, ALTSA, BHSIA,	Employers, Consumers State and Local governments, Employment agencies, Community Partners and Contractors,
Increase access to technical assistance (TA) and training for providers, including employment agency staff to competently serve ADS clients.			
Continue existing partnerships with Washington State Initiative for Supported Employment (WiSe), Division of Vocational Rehabilitation (DVR), Washington Workforce Training and Education Board, and Community Based Partners to improve access to employment services and resources, and explore new opportunities, and participate in State's Supported Employment initiatives.			
Develop a comprehensive approach to improve employment outcomes for consumers with behavioral health challenges, to include: introduction and dissemination of Evidence-Based Supported Employment, a joint funding model for supported employment in state agencies, improved benefits planning assistance and consultation, TA and peer counselor training.			
Continue progress toward a Recovery-Oriented System of Care (ROSC) including job readiness skills and employment retention.			
ALTSA in partnership with DVR will create a work plan outlining key employment support strategies and milestones designed for people with physical disabilities.			

DSHS Goal 3: Improve Individual and public safety

DSHS Strategic Objectives 3.1

- ❖ Improve safety through effective and timely investigation of and response to allegations of abuse and neglect.
- ❖ Ensure client safety within DSHS and provider operated facilities.

ALTSA & BHSIA Strategic Objective 3.1.1

- ❖ Improve quality and safety through effective regulation, investigation of and response to abuse, provider monitoring, enhanced services for individuals, and support for legal actions that protect the public.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
ALTSA-Specific Actions	<ul style="list-style-type: none"> ➤ Percentage of quality assurance/re-licensing surveys that meet the statutory/ regulatory mandated timeframes for all facilities or providers in the ALTSA and DDA ➤ Percentage of Adult Protective Services (APS) investigations open longer than 90 days ➤ Percentage of high priority cases with initial investigation contact started in one working day ➤ Percentage of medium priority cases with initial investigation contact started in 5 working days ➤ Percentage of low priority cases with initial investigation contact started in 10 working days ➤ Percentage of workers with more than 25 open cases ➤ Percentage of workers with more than 45 open cases 	ALTSA, BHSIA	Disability Rights of Washington (DRW), Columbia Legal Services, All other DD Advocates, Providers, Consumers, WA State Long-Term Care Ombudsman, State Agencies, Law Enforcement Agencies
Convene a subgroup of the Adult Abuse Response Workgroup to develop recommendations for improving DSHS response to allegations of abuse or neglect.			
Seek resources for more timely oversight and complaint investigation including:- <ul style="list-style-type: none"> i) Increased number of complaint investigators ii) Development of an internal quality review and accountability program 			
Create a consumer orientated ADSA website that provides timely enforcement and regulatory information to the public.			
Implement priority recommendations from the report of the Adult Family Home Quality Panel as stipulated in HB1277			
BHSIA-Specific Actions			
Monitor problem gambling, chemical dependency and mental health treatment agencies to ensure that staffing requirements and WAC standards are met.			
Enhance community safety through the timely completion of mental health background checks for concealed pistol permits and gun transfers.			

ALTSA & BHSIA Strategic Objective 3.1.1 (cont'd)

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
BHSIA-Specific Actions	<ul style="list-style-type: none"> ➤ Percentage of problem gambling, chemical dependency and mental health agencies reviewed within established timeframes. ➤ Percentage of staff in surveyed problem gambling, chemical dependency and mental health agencies who meet background check, credentialing, training, and supervision requirements. 	BHSIA	

DSHS Strategic Objectives 3.2

- ❖ Improve the safety and permanency of individuals who are at-risk or who are in state care, treatment, or out-of-home placement.

ADS Administrations Strategic Objective (same as 3.2)

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
BHSIA-Specific Actions	<ul style="list-style-type: none"> ➤ Rate of seclusion and restraint in DSHS facilities ➤ Rate of employee assaults at state hospitals ➤ Number of adults waiting in jail more than 7 days for inpatient competency evaluations at state hospitals 	BHSIA ALTSA DDA	Law Enforcement Agencies, Legislature, Providers
Implement 2010 legislative changes in Involuntary Treatment Act (ITA) and sentencing laws and statutes for effective ways to treat and detain individuals whose history provides likely predictability for crime or high risk of violence.			
Establish a statewide standardized utilization management protocol for both acute and extended inpatient admissions and continuing stays of people with behavioral health needs.			
State psychiatric hospitals maintaining Joint Commission accreditation and federal Centers for Medicare and Medicaid Services Certification.			
Subject to funding, implement an ICD10 compatible electronic medical record.			
Address transition and continuity of services for people in jail			
ALTSA-Specific Actions			
Subject to funding, develop and manage Enhanced Services Facilities (ESF) to provide community-based long-term services and supports for people who are without a community-based option.			
DDA-Specific Actions			
Strengthen community service options to serve people from state hospitals.			

DSHS Goal 4: Improve Individuals' readiness and ability to succeed in school

DSHS Strategic Objectives 4.1

- ❖ Work in partnership with educational systems, educational advocates, and other state agencies to foster student educational readiness
- ❖ Promote stable living situations for children and youth to improve educational success

DDA & BHSIA Strategic Objective 4.1.1

- ❖ Increase individuals' school readiness to improve graduation rates of clients for whom educational success is a goal.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
BHSIA-specific Actions	<ul style="list-style-type: none"> ➤ Number of cross agency (DDA/BHSIA) child/youth referred to DDA for programs and services ➤ Develop child/youth educational achievement measures as part of behavioral health redesign outcomes by the end of 2013. 	DDA, BHSIA	OSPI, Schools, School Districts, Families, Consumers,
Support school-based, universal, selective, and indicated substance abuse prevention efforts.			
Maintain an array of intervention, treatment, and aftercare/support services for youth with alcohol and/or substance abuse problems.			
Support the development of cross-agency child/youth financing models to address the behavioral health needs of high-risk youth.			
DDA-Specific Actions			
Collaborate with the Department of Early Learning, Department of Health, Medicaid Services, and Office of the Superintendent of Public Instruction (OSPI) to identify a cost model for child development services in which county developmental disabilities programs participate to provide early learning for children from birth through age two.			
Strengthen partnerships with schools, Education School Districts and other local partners to support the education needs of children with developmental disabilities, especially targeted to students with behavioral risks.			

DSHS Goal 5: Increase public trust through strong management practices that ensure quality and leverage all resources

DSHS Strategic Objectives 5.1

- ❖ Implement process improvement activities within the department that promote **efficiency**, identify and **eliminate waste**, and **improve customer satisfaction**

ADS Administrations Strategic Objective 5.1.1

- ❖ Support the Lean Transformation Journey through adapting Lean thinking, tools and techniques to ADS processes, functions and culture.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
Identify one FTE per Administration to serve as each Administration's Full-Time Lean Practitioner , working as a cross-administration team under the program leadership of the ADS Lean Coordinator .	<ul style="list-style-type: none"> ➤ Number of Lean Practitioners and Facilitators trained in Lean and change management ➤ Number of Lean projects with external stakeholders ➤ Number of Lean projects ➤ Lean project outcomes including: <ul style="list-style-type: none"> ○ Increased staff efficiency: Reduction in staff "touch time" ○ Elimination of waste: Reduction of process "lead time" ○ Increased customer satisfaction: Amount of actualized or projected cost savings or avoidance ○ Staff engagement: Percentage of increase on pre and post Lean event surveys for participants 	ADS Lean Coordinator	State Agencies, Governor's Office, Community Business Partners, Labor Management
Identify 1% of each Administration's FTEs to serve as each Administration's cadre of Lean Facilitators working 50% Lean and 50% other.			
Build capacity by conducting one Lean project at a time during the first year, training Administration Lean Practitioners through participation and increasing projects as resources allow. Lean Practitioners will then train their Administration's Lean Facilitators in the same manner, during second year.			
Increase leadership skills that support Lean culture and increase staff understanding of Lean and change management through just-in-time training, workshop participation, and communication of successes and lessons learned.			
Collaborate with other state agencies and community partners to leverage resources in support of Lean thinking, tools and techniques.			

DSHS Strategic Objectives 5.2

- ❖ Minimize financial and legal risk to the department

ALTSA Strategic Objective 5.2.1

- ❖ Maintain compliance and consistent high standards of service provision across the delivery system through program monitoring and oversight.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
<p>Complete an annual review of LTSS programs using a statistically valid sample by program to monitor the following:-</p> <ul style="list-style-type: none"> ○ Consumer choice ○ Program eligibility ○ Accuracy in service authorization ○ Adherence to policy, procedures, state and federal statutes 	<ul style="list-style-type: none"> ➤ Percentage of consumers informed of service options ➤ Percentage of consumers who are found eligible for the services received ➤ Percentage of consumers whose service authorizations are correct ➤ Percentage of overall proficiency for monitored QA elements ➤ Percentage of time sheets reviewed where payments were allowable and supported ➤ Percentage of paid services for which client verified receipt of the service 	ALTSA	Providers, Consumers
Complete an annual audit of time sheets to determine that hours paid to individual providers of personal care were allowed and supported.			
Complete an annual service verification survey of LTC waiver clients to determine the receipt of department paid goods and services.			

DDA Strategic Objective 5.2.2

- ❖ Increase accountability from Supported Living Agencies who contract with the State to provide residential habilitation services.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
Add elements to Supported Living agency cost report to obtain more specific information about administrative cost centers.	<ul style="list-style-type: none"> ➤ Add information to monitor Supported living agency administration costs for 2014 cost report ➤ Implement electronic rate setting tool by March 31, 2013 ➤ Recommendation from independent contractor on the current rate structure is due July 2013 ➤ A standardized Individual Instruction and Support Plan tool will be included in the Supported Living Contracts effective July 1, 2013 ➤ Complete a Supported Living provider compliance assessment necessary for meeting habilitation goal requirements by January 2014 	DDA BHSIA/MDS	Supported Living department Contracted providers
Create an electronic rate approval process to minimize error rate.			
Hire consultant to review current rate structure for streamlining.			
Contract independent consultant to develop standards for Individual Instruction and Support Plans and quality assurance activities.			
Review Supported Living agency data to verify client habilitation activities.			

BHSIA Strategic Objective 5.2.3

- ❖ Improve administrative standards for Behavioral Health programs.

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
Implement the new Behavioral Health Administrative WAC and program specific rules for chemical Dependency, Mental Health and Problem Gambling.	<ul style="list-style-type: none"> ➤ Number of training and consultations provided ➤ Percentage of agencies in compliance with the new rules 	BHSIA	Providers
Offer training, support and consultation to providers as they transition to new rules.			
Conduct regular surveys of programs to insure compliance with the new standards.			

DSHS Strategic Objectives 5.3

- ❖ Use data, research and analyses to inform practice, policy and budget decisions, to monitor performance and to manage for success

ALTSA Strategic Objective 5.3.1

- ❖ Achieve optimal clinical outcomes and performance through implementation of evidence-based practices

STRATEGY/ACTIONS	KEY PERFORMANCE MEASURE or MILESTONES BY OBJECTIVE	LEAD	PARTNERS
Disseminate and sustain the Stanford University CDSME programs in Washington State including chronic disease, diabetes, and chronic pain; delivered in English, Spanish including an on-line versions.	<ul style="list-style-type: none"> ➤ Number of CDSME workshops ➤ Number of CDSME Participants ➤ Number of workshop sessions attended by participants ➤ Percentage of workshop participants who complete 4 of 6 workshop sessions ➤ Demographics of workshop participants ➤ Number of caregivers who access the FCSP and TCARE® system in one or more of the four levels of support access:- <ul style="list-style-type: none"> ○ Simple referrals, ○ Screening, ○ Assessment, and ○ Care plans ➤ Number of patients: <ul style="list-style-type: none"> ○ Referred to CTI ○ Started CTI ○ Complete CTI ➤ Percentage of patients completing CTI and hospitalized within 30 days of starting CTI compared with hospital readmission rates 	ALTSA	DDA, BHSIA, HCA, Evidence-based Research Institutes, Quality improvement Organizations Legislature, Medical Providers, Community supports providers, AAAs
Provide the Tailored Caregiver Assessment and Referral (TCARE®) to unpaid family caregivers through the statewide family caregiver support programs.			
Disseminate and sustain the evidence-based Care Transitions Intervention (CTI) coaching model.			